| Please type a plus sign (+) inside this box | 4 |
|---|----|
| Under the Paperwork Reduction Act of 1995, no | De |

PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE ersons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY **PATENT APPLICATION**

Attorney Docket No.

First Inventor or Application Identifier HAIM ZVI MELMAN

Title APPARATUS AND METHOD FOR RETRIEVAL OF DOCUMEN.

TRANSMITTAL
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) Express Mail Label No.

| | LICATION ELEMENTS er 600 concerning utility patent application contents. | Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC, 20231 | |
|--|---|---|--|
| * Fee | Transmittal Form (e.g., PTO/SB/17) | Microfiche Computer Program (Appendix) | |
| | it an original and a duplicate for fee processing) | 6. Nucleotide and/or Amino Acid Sequence Submission | |
| | fication [Total Pages 29] red arrangement set forth below) | (if applicable, all necessary) | |
| - Desc | criptive title of the Invention | a. Computer Readable Copy | |
| - Cross References to Related Applications | | b. Paper Copy (identical to computer copy) | |
| Statement Regarding Fed sponsored R & D Reference to Microfiche Appendix | | c. Statement verifying identity of above copies | |
| | ground of the Invention | ACCOMPANYING APPLICATION PARTS | |
| - Brief | Summary of the Invention | | |
| - Brief Description of the Drawings (if filed) | | / Long. months applied (sector allocation metallice) | |
| - Detailed Description | | 8. 37 C.F.R.§3.73(b) Statement Power of Attorney | |
| - Clain | • • | 9. English Translation Document (if applicable) | |
| I | ract of the Disclosure ng(s) (35 U.S.C. 113) [Total Sheets 5] | 10. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations | |
| 4. Oath or Decl | laration [Total Pages] | 11. Preliminary Amendment | |
| а. П | Newly executed (original or copy) | Return Receipt Postcard (MPEP 503) | |
| (Should be specifically itemized) | | | |
| (for continuation/divisional with Box 16 completed) (for continuation/divisional with Box 16 completed) Statement filed in prior application, | | | |
| i. DELETION OF INVENTOR(S) Signed statement attached deleting Statement(s) Status still proper and desired (PTO/SB/09-12) Certified Copy of Priority Document(s) | | | |
| inventor(s) named in the prior application, (if foreign priority is claimed) | | | |
| see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 15. Other: | | | |
| * NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). | | | |
| 16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: | | | |
| Continuation Divisional Continuation-in-part (CIP) of prior application No:/ | | | |
| Prior application information: Examiner Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied | | | |
| under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | |
| 17. CORRESPONDENCE ADDRESS | | | |
| | | | |
| Customer N | Number or Bar Code Label | or Correspondence address below | |
| 1 | (Insert Customer No. or All | tiach par code tabel nere) | |
| Name | HAIM ZVI MELMAN | | |
| | 2 1100 01 0-0557 | · · · · · · · · · · · · · · · · · · · | |
| Address 3 HACAI STREET | | | |
| | KFAR-SABA State | 1 - 2 - 144236 | |
| City (| ISRAEL Telephone | Zip Code 44335 +97-2-9-7-651589 Fax +97-2-9-7-67-87-67 | |
| | | | |
| | | | |
| Signature Burden Hour State | ment. This form is estimated to take 0.2 hours to com | Date 15 D&C. 1999 Dete. Time will vary depending upon the needs of the individual case. Any | |

comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Haim Melman, 3 Hagai St., Kfar-Saba, 44335

Fax: +972-9-7678761 Tel: +972-9-7651589 Email: haim@infobit.com

DATE:

15 December, 1999

TO:

Patent and Trademark Office

Washington DC 20231

U.S.A.

ATTN:

Assistant Commissioner for Patents

FAX:

CC:

Subject:

Patent Application

Dear Sir.

I hereby submit a patent application of the title:

A METHOD AND APPARATUS FOR RETIEVAL OF DOCUMENTS.

The content enclosed in this package is specified in the UTILITY PATENT APPLICATION TRANSMITTAL form (PTO/SB/05) enclosed here.

A check of The First International Bank No. 110471 is enclosed for filing fees.

Sincerely

Haim Melman